



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Center for Quality Assurance and Control
Division of Health Care Quality
10 West Street, Boston, MA 02111-1212
617-753-8000

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COMMISSIONER

CIRCULAR LETTER: DHCQ 05-10-453

TO: Nursing Home Administrators
Nursing Home Resident Councils

FROM: Paul Dreyer, Ph.D., Associate Commissioner

DATE: October 3, 2005

RE: Resident Empowerment Program VI – Request for Response

The Massachusetts Department of Public Health, Center for Quality Assurance and Control sponsors the Resident Empowerment Program which is now into its sixth year. The Resident Empowerment Program relies on civil monetary penalties to fund innovative programs that enhance the quality of life for long-term care residents.

At this time, we are seeking proposals that address the quality of life for nursing home residents during fiscal year 2006. We have enclosed the RFR (Request for Response) which includes all the information that you need to submit an application. Please forward this application to the appropriate person responsible for writing the RFR.

Prior to writing your proposal, you should read through the entire RFR so that you have a clear idea of the RFR requirements. Additional directions may be obtained at the Comm-PASS website, <http://www.comm-pass.com>. Please make sure that your application is complete and includes all the documentation requested. We will send a packet of forms needed to finalize the process to all award recipients.

Please pay careful attention to Item #7, Scope of Service, which describes each of the required elements. Additionally, you should follow the directions in Item #8, Instructions for Submission of Responses, as these instructions are part of the initial screening criteria used in evaluating all proposals. DPH will also use the following criteria in its assessment:

- impact on quality of life
- partnerships
- creativity, resourcefulness, succinctness
- program continuance.

Proposals up to \$30,000 may be submitted. We must receive your application no later than November 30, 2005 by 5:00 p.m. The Civil Money Penalty committee comprised of representatives from DPH and the provider and advocacy communities will meet to evaluate proposals. We will notify you as soon after that meeting as possible.

If you have questions not answered on the Comm-PASS website, you can contact Roberta Bernstein at 617-753-8062 or preferably by email at roberta.bernstein@state.ma.us.

RFR FOR GRANTS AND SUBSIDIES

Purchasing Department: Department of Public Health, Division of Health Care Quality

Address: 10 West Street Boston, MA 02111

Telephone #: 617-753-8062

Fax #: 617-753-8095

E-Mail or Internet Address: roberta.bernstein@state.ma.us

RFR File Name/Title: Resident Empowerment Program (REP)

RFR File Number: 608307

Procurement Team Leader/ Contact Person: Roberta Bernstein

1. Description Or Purpose of Procurement:

The Resident Empowerment Program is designed to improve the quality of life of nursing home residents. Civil Money Penalty funds support the program. Quality of life includes those activities, events, environment and intangibles that contribute to residents' emotional and psychological well being, to residents' contentment and satisfaction. The contribution might be seen in something as simple as a smile from a resident who previously only demonstrated sadness or as dramatic as a resident regaining some cognitive functioning after attending several local events. DPH considers community and family involvement to be an integral part of a satisfying residential life. Overall, Bidders should demonstrate how their program will impact the quality of life for residents in their facility. Person-centered care initiatives are consistent with the purpose of the REP. A proposal can not be a replacement for any events or activities a facility is already offering nor can it be used to fulfill a Federal or State regulation.

Only individual responses will be considered. RFRs submitted on behalf of a group of facilities or for a chain will be excluded. Nursing homes, families and resident councils may submit an application on behalf of a facility. Community Groups may also do so, but it must be on behalf of a specific facility

2. Acquisition Method:

☐

Outright Purchase

☐

Fee For Service

☐

License

☐

Tax Exempt Lease Purchase (TELP)

☐

Term Lease

☐

Rental (not to exceed 6 months)

☒

Other (specify): Grant

3. Whether Single Or Multiple Grantees Are Required For Grant(S)

☐

Single Grantee or

☒

Multiple Grantees

4. Whether Single Or Multiple Departments Will Be Able To Use

☐

Department Grant



Single Departmental Procurement/ Multiple Department User Grant



Multiple Department Procurement/ Limited Department User Grant



Statewide Grants



OSD designated Department Statewide Grants



Pre-Qualification

5. Expected Duration Of Grant (Initial Duration and Any Options to Renew)

Initial Duration:



Upon approval – 6/30/07

This procurement is an open enrollment, meaning this RFR will be re-posted periodically to add new vendors as needed. The Department of Public Health intends to annually post the Resident Empowerment RFR, usually during the month of November. DPH will accept new applications from facilities at that time. The criteria, content and amount of the award may vary in each succeeding year. Awards are expected to be completed within the year of the award.

Renewal Options :(indicate number) 1 options to renew for up to 5 year(s) each option

6. Anticipated Expenditures, Funding Or Compensation For Expected Duration

Please include the Estimated Value of Procurement (Including Anticipated Renewal Options)



Grant will have a Maximum Obligation Amount. **Individual grant awards will be a maximum of approximately \$30,000. Health Care Quality anticipates awarding approximately \$300,000 in total through this annual announcement.**



Grant will NOT have a Maximum Obligation Amount (Rate Grant)



Subject to Quotes by Pre-Qualified List of Grantees.

Will Federal Funds be used to fund any part of Grant(s)?



NO,



YES (If YES, to what extent?):

Grantees receiving federal grant funds will be considered sub-recipients for federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular a-133.

7. Indicate Grant Performance and Business Specifications: (include Scope of Service, Evaluation Criteria, and Performance Measures)

SCOPE OF SERVICE

A proposal must contain deliverables that are succinctly written, clearly defined and measurable. Bidders need to explicitly explain how they will accomplish the goals and various elements of their program. DPH will take into consideration interdisciplinary teams, community, family and resident involvement in both the design of the program and its implementation. DPH will also take into account a facility's compliance status in so far as it might affect their ability to complete the project. A proposal can not be a replacement for any events or activities a facility is already offering or planning nor can it be used to fulfill a Federal or State regulation. Expenses or capital improvements reimbursed or required by Medicare or Medicaid are excluded (i.e., van purchase).

Bidders are expected to explain each of the following deliverables in the order in which they are presented here:

1. **PROGRAM DESCRIPTION:** Briefly explain the content of your program and how it impacts resident's quality of life. Most importantly, describe how the activities, special events, environment and/or intangibles in your program enhance the life of residents. DPH receives many questions about what type programs are granted awards. Programs have been very varied depending on a facility's needs, desired outcomes, residents' wishes, facility demographics, availability of complimentary funding and creative partnerships. The list of previous awards is available under Closed Solicitations on

www.comm-pass.com

2. **GOALS:** List only three goals that describe the essence of what you want to achieve and how your program will make a difference in the lives of your residents. Write them simply and in measurable terms.

3. PARTNERSHIPS: If involved, explain how each (facility, families, residents and the community) will work together to implement the proposals.
 - a. provide information on what role and in which activities each will participate.
 - b. if a facility alone generated the proposal, show how residents will be integrated into program development and implementation.
 - c. describe how the community might become involved in development and implementation.
 - d. If partnerships are not involved in your proposal, explain why not.
4. RESOURCES: specify how many people will be needed to implement the program
 - a. document what skills are needed to implement the program
 - b. identify which are paid and which are volunteers
 - c. identify which are community resources and residents
 - d. identify which are staff already on the payroll
5. CONTINUANCE: demonstrate how your facility will sustain your project past the initial funding if the program calls for a multi-year plan
6. BUDGET: provide detailed information on all costs
 1. total all costs (ranges will be disqualified)
 2. detail the costs by type such as staff (including facility staff), books, music, equipment, construction, etc.
7. MILESTONES: For each major aspect of the project, provide the dates by which it will be completed
8. STATUS: state the results from your most recent survey (no documentation necessary)

Evaluation Criteria

Performance Requirements

The Department of Public Health is endeavoring to deliver the Best Value to facilitate our needs. However, it is important to measure the Grantee's performance to ensure the grant is in compliance with what has been requested and what the Grantee or has offered in this RFR. The following performance areas will be subject to measurement:

Proposals must first meet initial screening criteria:

1. delivered to DPH by the deadline date and time
2. priced at or below the maximum allowable amount
3. information completeness (see #8, Instructions for Submission)

Proposals will then be evaluated in three categories with equally weighted factors.

1. Quality of Life
 - 1a. increased resident participation in activities
 - 1b. evidence that the program satisfies residents' preferences
 - 1c. evidence that residents derive satisfaction and enjoyment from the program
2. Partnerships
 - 2a. resident participation in planning and/or implementation
 - 2b. family inclusion in planning and/or implementation
 - 2c. community inclusion in planning and/or implementation
 - 2d. interdisciplinary team involvement
3. Creativity, Resourcefulness, Succinctness
 - 3a. novel idea or imaginative application for an old idea
 - 3b. cost effective program plans
 - 3c. resources whether they be people, materials or donations that offset expenses.

DPH will require two progress reports per year or one and a final report if the program is completed within a year. A final report will be required from everyone. Report formats with instructions for completing will be mailed at the appropriate time. The Ombudsman may follow-up with an on-site visit.

The PMT shall negotiate with Grantees any requirements not set forth in the RFR.

8. Instructions for Submission of Responses

Submit applications to:

Roberta Bernstein
Department of Public Health
99 Chauncy Street
Boston MA 02111

Your application must include and be formatted according to the following directions. Please do not put your application in a binder or add a cover sheet other than the one DPH requests.

1. Submit one original and three copies
2. Prepare a cover sheet which should be the first sheet.
 1. Title of program
 2. Amount requesting
 3. Facility name
 4. Address
 5. Name of contact
 6. Name of authorized signatory
 7. Email
 8. Fax
 9. Telephone number
 10. Email, if have one
3. Format and number according to the eight program elements described in scope of service
 1. Program description
 2. Goals
 3. Partnerships
 4. Resources
 5. Continuance
 6. Budget
 7. Milestones
 8. Status

DPH strongly recommends that you limit the amount of detail provided in your application. DPH is not requiring a set number of pages, but asks that you present only the information called for in the format instructions. Extraneous information such as a description of your facility or lengthy explanations of your program will not be considered. Keeping to the essentials is an evaluation criterion.

9. DEADLINE FOR RESPONSES

Indicate Deadline Date: November 30, 2005

Indicate Deadline Time: 5:00 p.m.

Will a Bidders Conference be offered? ☒ No ☐ YES (Indicate Date, Time and Place):

Will Opportunity for Written Questions be Offered: ☒ No ☐ YES (Indicate Deadline Date, Time and Place):

10. RFR Attachments: DPH requires that a facility complete a series of forms if you receive a grant. DPH will send the forms with a letter announcing the award. If you would like to see a sample of the requirements, go to "Forms and Terms": <http://www.comm-pass.com/comm-pass/forms.asp>